

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004091

Entity Name: OASIS COMPASSION AGENCY, INC.**Current Principal Place of Business:**4872 10TH AVE NORTH
GREENACRES, FL 33463**Current Mailing Address:**4872 10TH AVE NORTH
GREENACRES, FL 33463 US**FEI Number:** 65-0946248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILL, A G
104 SW 11TH AVE.
DELRAY BEACH, FL 33444 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GILL, SHARON
Address	600 ATLANTIS ESTATES WAY
City-State-Zip:	ATLANTIS FL 33462

Title	D
Name	KALINA, ANDREA
Address	3184 VERDMONT LANE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	HORSHINGTON, SHIRO
Address	4250 WELLINGTON SHORES DR.
City-State-Zip:	WELLINGTON FL 33449

Title	DIRECTOR
Name	DIPENTIMA, SANDRA
Address	2625 STATE ROAD 7
City-State-Zip:	WELLINGTON FL 33414

Title	T
Name	SPILLANE, JOHN P
Address	10401 OAK MEADOW LANE
City-State-Zip:	LAKE WORTH FL 33449

Title	DIRECTOR
Name	GILL, ALBERT W
Address	600 ATLANTIS ESTATES WAY
City-State-Zip:	ATLANTIS FL 33462

Title	DIRECTOR
Name	SILVERNAIL, DARLENE
Address	PO BOX 18745
City-State-Zip:	WEST PALM BEACH FL 33416

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON GILL**CHAIRMAN****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date